## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)			FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Victory Fund  FEC IDENTIFICATION NUMBER ▼					
inational Kille Associ	C C00053553				
Check if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed on					
Full Name of Payee Lewis Clark Trade	r IIC		Date of Public Distribution/Dissemination		
	05 18 2014				
Mailing Address P.O. Box 219			Amount		
City State Zip Code			65.00		
Lewiston	ID	Transaction ID: 59871781  Date of Disbursement or Obligation			
Purpose of Expenditure Booth Rental		Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate	)	X Support	Office Sought: X House District: 02		
Rep. Mike K. Simpson		Oppose	President Senate State: ID		
Calendar Year-To-Date Per Election for Office	Sought		Disbursement For:		
Full Name of Payee			Date of Public Distribution/Dissemination		
Connection Strateg	y, LLC		05 19 2014		
Mailing Address P.O. Bo	x 2192		Amount		
City	State	Zip Code	765.44		
Arlington	VA	22202	Transaction ID: 59871783  Date of Disbursement or Obligation		
Purpose of Expenditure Phone Bank		Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	9	Support	Office Sought: House District: 09		
Rep. William Franklin Shus	ter	Oppose	President Senate State: PA		
Calendar Year-To-Date Per Election for Office			Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized	Independent Expenditures		830.44		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Exp	penditures		<b>&gt;</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mary Rose Adkins  [Electronically Filed] Date 05 20 2014					
Oignature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Victory Fu	und FEC IDENTIFICATION NUMBER V	•			
Tradional Time Addediction of America Foliation Violety Fe	C C00053553	]			
Check if 24-hour report 48-hour report New report A	Amends report filed on M M / D D / Y Y Y Y Y				
Full Name of Payee Prolist Inc.	Date of Public Distribution/Dissemination				
	05 / 19 / 2014				
Mailing Address 8341 Beechcraft Avenue	Amount				
City State Zip Code	210.39				
Gaithersburg MD 20879-15	Transaction ID : 59871785  Date of Disbursement or Obligation	_			
Purpose of Expenditure Data Match  Category Type		Y			
Name of Federal Candidate	Support Office Sought: X House District: 09				
Rep. William Franklin Shuster	Oppose President Senate State: PA				
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For:   Primary General 2014  Other (specify) ▶	al			
Full Name of Payee	Date of Public Distribution/Dissemination	_			
Connection Strategy, LLC	05 19 2014				
Mailing Address P.O. Box 2192	Amount	_			
City State Zip Code	e 1392.38	П			
Arlington VA 22202	Transaction ID : 59871787  Date of Disbursement or Obligation				
Purpose of Expenditure Phone Bank  Category Type		Υ			
Name of Federal Candidate	Support Office Sought: House District:				
Sen. Mitch McConnell	Oppose President Senate State: KY	_			
Calendar Year-To-Date Per Election for Office Sought  0.	Disbursement For:	al —			
(a) SUBTOTAL of Itemized Independent Expenditures	1602.77				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mary Rose Adkins [Electronically Filed]	<i>il</i> Date 05 20 2014				
Signature					

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OF

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3	OF 4 F FORM 24/48			
NAME OF COMMITTEE (In Full)  National Rifle Association of America Politica	FEC IDENTIFICAT				
Check if 24-hour report 48-hour report Nev	report Amends report filed on	Y I Y I Y I Y			
Full Name of Payee Prolist Inc.	Date of Public Distribution	n/Dissemination			
Mailing Address 8341 Beechcraft Avenue	Amount	2011			
City State Gaithersburg MD	Zip Code 20879-1509				
Purpose of Expenditure Data Match	Category/ Type 004 Date of Disbursement or	Obligation			
Name of Federal Candidate Sen. Mitch McConnell	Support Office Sought: House Oppose President Senate	District: State:KY			
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: ☐ Primar 2014 Other (specify) ▶	y General			
Full Name of Payee Connection Strategy, LLC	Date of Public Distributio	n/Dissemination			
Mailing Address P.O. Box 2192	Amount				
City State Arlington VA	Zip Code  22202 Transaction ID : 5987179 Date of Disbursement or				
Purpose of Expenditure Phone Bank	Category/ Type 004	/ Y = Y = Y			
Name of Federal Candidate  Rep. Mike K. Simpson	Support Office Sought: House Oppose President Senate	District:02 State:ID			
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: ☐ Primal 2014 Other (specify) ►	ry General			
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	1374.36			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mary Rose Adkins [Elec		114			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneduic Ly		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Rifle Association of America Political Vic	C C00053553				
Check if 24-hour report 48-hour report New report	rt Amends report fi	led on Man / Dab / Yayayay			
Full Name of Payee		Date of Public Distribution/Dissemination			
Prolist Inc.	05 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 8341 Beechcraft Avenue		Amount			
		193.64			
1 ·					
	burg MD 20879-1509				
Purpose of Expenditure Data Match	Category/ Type 004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate	X Support Of	fice Sought: X House District: 02			
Rep. Mike K. Simpson	Oppose	President Senate State: ID			
Calendar Year-To-Date		sbursement For: Primary General			
Per Election for Office Sought	0.00	14			
Full Name of Payee		Date of Public Distribution/Dissemination			
Mailing Address		_			
		Amount			
City State	Zip Code				
		Date of Disbursement or Obligation			
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate	Support O	ffice Sought: House District:			
	Oppose	President Senate State:			
Calendar Year-To-Date		isbursement For: Primary General			
Per Election for Office Sought		Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	193.64			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······	4001.21			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mary Rose Adkins [Electronic	cally Filed] Date	05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

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